

REQUEST FOR LEAVE OR APPROVED ABSENCE

71-113

1. NAME (Last, First, Middle Initial)			2. EMPLOYEE OR SOCIAL SECURITY NUMBER		
3. ORGANIZATION					
4. TYPE OF LEAVE/ABSENCE <i>(Check appropriate box(es) below.)</i>	DATE From: To:		TIME From: To:		TOTAL HOURS
<input type="checkbox"/> Accrued Annual Leave <input type="checkbox"/> Restored Annual Leave <input type="checkbox"/> Advanced Annual Leave					
<input type="checkbox"/> Accrued Sick Leave <input type="checkbox"/> Advanced Sick Leave					
Purpose: <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Other <input type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member					
<input type="checkbox"/> Compensatory Time Off					
<input type="checkbox"/> Other Paid Absence <i>(Specify in Remarks)</i>					
<input type="checkbox"/> Leave Without Pay					
5. FAMILY AND MEDICAL LEAVE If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: <input type="checkbox"/> I hereby invoke my entitlement to Family and Medical Leave for: <div style="margin-left: 20px;"> <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent <input type="checkbox"/> Serious Health Condition of Self </div> Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act of 1993.					
6. REMARKS					
7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.					
EMPLOYEE SIGNATURE			DATE		
8. OFFICIAL ACTION ON REQUEST: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <i>(If disapproved, give reason. If annual leave, initiate action to reschedule.)</i>					
SIGNATURE			DATE		
PRIVACY ACT STATEMENT					
Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.					
Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.					
If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.					

ADVANCE SICK LEAVE

- ☐ Advance sick leave not to exceed 240 hours is approved for the period requested following exhaustion of all sick leave and annual leave reduced to 80 hours.
- ☐ Advance sick leave is disapproved based on the following:
 - ☐ Failed to provide required documentation
 - ☐ Employee is under a Letter of Requirement
 - ☐ Employee is holding a limited appointment and the requested advance sick leave is in excess of the amount to accrue during the remainder of the appointment
 - ☐ Other: _____

ADVANCE ANNUAL LEAVE

- ☐ Advance annual leave is approved as requested, not to exceed annual leave that will accrue to employee during the remainder of the leave year.
- ☐ Advance annual leave is approved for the period of _____, not to exceed annual leave that will accrue to employee during the remainder of the leave year.
- ☐ Advance annual leave is disapproved based on the following:
 - ☐ A minimum of 24 hours of advance annual leave is required
 - ☐ Employee is under a Letter of Caution/Requirement
 - ☐ Other: _____

LEAVE WITHOUT PAY

- ☐ Leave Without Pay is approved as requested.
- ☐ Leave Without Pay is approved for the period _____
- ☐ Leave Without Pay is disapproved based on _____